



General Assembly

January Session, 2015

Committee Bill No. 16

LCO No. 3295



* 0 3 2 9 5 S B 0 0 0 1 6 I N S *

Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

**AN ACT CONCERNING BENEFITS PAYABLE FOR ASSESSMENTS
TO DETERMINE A DIAGNOSIS OF A MENTAL OR NERVOUS
CONDITION AND RELATED CONSULTATIONS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-488a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective January 1, 2016*):

3 (a) Each individual health insurance policy providing coverage of
4 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
5 38a-469 delivered, issued for delivery, renewed, amended or continued
6 in this state shall provide benefits for the diagnosis and treatment of
7 mental or nervous conditions. For the purposes of this section, "mental
8 or nervous conditions" means mental disorders, as defined in the most
9 recent edition of the American Psychiatric Association's "Diagnostic
10 and Statistical Manual of Mental Disorders". "Mental or nervous
11 conditions" does not include (1) intellectual disabilities, (2) specific
12 learning disorders, (3) motor disorders, (4) communication disorders,
13 (5) caffeine-related disorders, (6) relational problems, and (7) other
14 conditions that may be a focus of clinical attention, that are not
15 otherwise defined as mental disorders in the most recent edition of the

16 American Psychiatric Association's "Diagnostic and Statistical Manual
17 of Mental Disorders", except that coverage for an insured under such
18 policy who has been diagnosed with autism spectrum disorder prior to
19 the release of the fifth edition of the American Psychiatric Association's
20 "Diagnostic and Statistical Manual of Mental Disorders" shall be
21 provided in accordance with subsection (b) of section 38a-488b.

22 (b) No such policy shall establish any terms, conditions or benefits
23 that (1) place a greater financial burden on an insured for access to
24 diagnosis or treatment of mental or nervous conditions than for
25 diagnosis or treatment of medical, surgical or other physical health
26 conditions, or (2) limit the number of visits to assess an insured for a
27 diagnosis of a condition.

28 (c) In the case of benefits payable for the services of a licensed
29 physician, such benefits shall be payable for the same services when
30 such services are lawfully rendered by a psychologist licensed under
31 the provisions of chapter 383 or by such a licensed psychologist in a
32 licensed hospital or clinic.

33 (d) In the case of benefits payable for the services of a licensed
34 physician or psychologist, such benefits shall be payable for the same
35 services when such services are rendered by:

36 (1) A clinical social worker who is licensed under the provisions of
37 chapter 383b and who has passed the clinical examination of the
38 American Association of State Social Work Boards and has completed
39 at least two thousand hours of post-master's social work experience in
40 a nonprofit agency qualifying as a tax-exempt organization under
41 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
42 corresponding internal revenue code of the United States, as from time
43 to time amended, in a municipal, state or federal agency or in an
44 institution licensed by the Department of Public Health under section
45 19a-490;

46 (2) A social worker who was certified as an independent social

47 worker under the provisions of chapter 383b prior to October 1, 1990;

48 (3) A licensed marital and family therapist who has completed at
49 least two thousand hours of post-master's marriage and family therapy
50 work experience in a nonprofit agency qualifying as a tax-exempt
51 organization under Section 501(c) of the Internal Revenue Code of 1986
52 or any subsequent corresponding internal revenue code of the United
53 States, as from time to time amended, in a municipal, state or federal
54 agency or in an institution licensed by the Department of Public Health
55 under section 19a-490;

56 (4) A marital and family therapist who was certified under the
57 provisions of chapter 383a prior to October 1, 1992;

58 (5) A licensed alcohol and drug counselor, as defined in section 20-
59 74s, or a certified alcohol and drug counselor, as defined in section 20-
60 74s; or

61 (6) A licensed professional counselor.

62 (e) For purposes of this section, [the term "covered expenses"]
63 "benefits payable" means the usual, customary and reasonable charges
64 for treatment deemed necessary under generally accepted medical
65 standards, except [that] in the case of a managed care plan, as defined
66 in section 38a-478, ["covered expenses"] "benefits payable" means the
67 payments agreed upon in the contract between a managed care
68 organization, as defined in section 38a-478, and a provider, as defined
69 in section 38a-478.

70 (f) (1) In the case of benefits payable for the services of a licensed
71 physician, such benefits shall be payable for (A) services rendered in a
72 child guidance clinic or residential treatment facility by a person with a
73 master's degree in social work or by a person with a master's degree in
74 marriage and family therapy under the supervision of a psychiatrist,
75 physician, licensed marital and family therapist, or licensed clinical
76 social worker who is eligible for reimbursement under subdivisions (1)

77 to (4), inclusive, of subsection (d) of this section; (B) services rendered
78 in a residential treatment facility by a licensed or certified alcohol and
79 drug counselor who is eligible for reimbursement under subdivision
80 (5) of subsection (d) of this section; or (C) services rendered in a
81 residential treatment facility by a licensed professional counselor who
82 is eligible for reimbursement under subdivision (6) of subsection (d) of
83 this section.

84 (2) In the case of benefits payable for the services of a licensed
85 psychologist under subsection (d) of this section, such benefits shall be
86 payable for (A) services rendered in a child guidance clinic or
87 residential treatment facility by a person with a master's degree in
88 social work or by a person with a master's degree in marriage and
89 family therapy under the supervision of such licensed psychologist,
90 licensed marital and family therapist, or licensed clinical social worker
91 who is eligible for reimbursement under subdivisions (1) to (4),
92 inclusive, of subsection (d) of this section; (B) services rendered in a
93 residential treatment facility by a licensed or certified alcohol and drug
94 counselor who is eligible for reimbursement under subdivision (5) of
95 subsection (d) of this section; or (C) services rendered in a residential
96 treatment facility by a licensed professional counselor who is eligible
97 for reimbursement under subdivision (6) of subsection (d) of this
98 section.

99 (g) In the case of benefits payable for the service of a licensed
100 physician practicing as a psychiatrist or a licensed psychologist, under
101 subsection (d) of this section, such benefits shall be payable for
102 outpatient services rendered (1) in a nonprofit community mental
103 health center, as defined by the Department of Mental Health and
104 Addiction Services, in a nonprofit licensed adult psychiatric clinic
105 operated by an accredited hospital or in a residential treatment facility;
106 (2) under the supervision of a licensed physician practicing as a
107 psychiatrist, a licensed psychologist, a licensed marital and family
108 therapist, a licensed clinical social worker, a licensed or certified
109 alcohol and drug counselor or a licensed professional counselor who is

110 eligible for reimbursement under subdivisions (1) to (6), inclusive, of
111 subsection (d) of this section; and (3) within the scope of the license
112 issued to the center or clinic by the Department of Public Health or to
113 the residential treatment facility by the Department of Children and
114 Families.

115 (h) Except in the case of emergency services or in the case of services
116 for which an individual has been referred by a physician affiliated
117 with a health care center, nothing in this section shall be construed to
118 require a health care center to provide benefits under this section
119 through facilities that are not affiliated with the health care center.

120 (i) In the case of any person admitted to a state institution or facility
121 administered by the Department of Mental Health and Addiction
122 Services, Department of Public Health, Department of Children and
123 Families or the Department of Developmental Services, the state shall
124 have a lien upon the proceeds of any coverage available to such person
125 or a legally liable relative of such person under the terms of this
126 section, to the extent of the per capita cost of such person's care. Except
127 in the case of emergency services, the provisions of this subsection
128 shall not apply to coverage provided under a managed care plan, as
129 defined in section 38a-478.

130 (j) In addition to the requirements set forth in subsections (a) to (g),
131 inclusive, of this section, each such policy shall provide benefits for the
132 services of a provider specified in subsection (c) or (d) of this section
133 for any consultation with such provider that includes the insured or a
134 family member of the insured (1) during an assessment for a diagnosis
135 of a condition, and (2) after a diagnosis of a mental or nervous
136 condition has been made.

137 Sec. 2. Section 38a-514 of the general statutes is repealed and the
138 following is substituted in lieu thereof (*Effective January 1, 2016*):

139 (a) Except as provided in subsection (j) of this section, each group
140 health insurance policy, providing coverage of the type specified in

141 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,
142 issued for delivery, renewed, amended or continued in this state shall
143 provide benefits for the diagnosis and treatment of mental or nervous
144 conditions. For the purposes of this section, "mental or nervous
145 conditions" means mental disorders, as defined in the most recent
146 edition of the American Psychiatric Association's "Diagnostic and
147 Statistical Manual of Mental Disorders". "Mental or nervous
148 conditions" does not include (1) intellectual disabilities, (2) specific
149 learning disorders, (3) motor disorders, (4) communication disorders,
150 (5) caffeine-related disorders, (6) relational problems, and (7) other
151 conditions that may be a focus of clinical attention, that are not
152 otherwise defined as mental disorders in the most recent edition of the
153 American Psychiatric Association's "Diagnostic and Statistical Manual
154 of Mental Disorders", except that coverage for an insured under such
155 policy who has been diagnosed with autism spectrum disorder prior to
156 the release of the fifth edition of the American Psychiatric Association's
157 "Diagnostic and Statistical Manual of Mental Disorders" shall be
158 provided in accordance with subsection (i) of section 38a-514b.

159 (b) No such group policy shall establish any terms, conditions or
160 benefits that (1) place a greater financial burden on an insured for
161 access to diagnosis or treatment of mental or nervous conditions than
162 for diagnosis or treatment of medical, surgical or other physical health
163 conditions, or (2) limit the number of visits to assess an insured for a
164 diagnosis of a condition.

165 (c) In the case of benefits payable for the services of a licensed
166 physician, such benefits shall be payable for the same services when
167 such services are lawfully rendered by a psychologist licensed under
168 the provisions of chapter 383 or by such a licensed psychologist in a
169 licensed hospital or clinic.

170 (d) In the case of benefits payable for the services of a licensed
171 physician or psychologist, such benefits shall be payable for the same
172 services when such services are rendered by:

173 (1) A clinical social worker who is licensed under the provisions of
174 chapter 383b and who has passed the clinical examination of the
175 American Association of State Social Work Boards and has completed
176 at least two thousand hours of post-master's social work experience in
177 a nonprofit agency qualifying as a tax-exempt organization under
178 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
179 corresponding internal revenue code of the United States, as from time
180 to time amended, in a municipal, state or federal agency or in an
181 institution licensed by the Department of Public Health under section
182 19a-490;

183 (2) A social worker who was certified as an independent social
184 worker under the provisions of chapter 383b prior to October 1, 1990;

185 (3) A licensed marital and family therapist who has completed at
186 least two thousand hours of post-master's marriage and family therapy
187 work experience in a nonprofit agency qualifying as a tax-exempt
188 organization under Section 501(c) of the Internal Revenue Code of 1986
189 or any subsequent corresponding internal revenue code of the United
190 States, as from time to time amended, in a municipal, state or federal
191 agency or in an institution licensed by the Department of Public Health
192 under section 19a-490;

193 (4) A marital and family therapist who was certified under the
194 provisions of chapter 383a prior to October 1, 1992;

195 (5) A licensed alcohol and drug counselor, as defined in section 20-
196 74s, or a certified alcohol and drug counselor, as defined in section 20-
197 74s; or

198 (6) A licensed professional counselor.

199 (e) For purposes of this section, [the term "covered expenses"]
200 "benefits payable" means the usual, customary and reasonable charges
201 for treatment deemed necessary under generally accepted medical
202 standards, except [that] in the case of a managed care plan, as defined

203 in section 38a-478, ["covered expenses"] "benefits payable" means the
204 payments agreed upon in the contract between a managed care
205 organization, as defined in section 38a-478, and a provider, as defined
206 in section 38a-478.

207 (f) (1) In the case of benefits payable for the services of a licensed
208 physician, such benefits shall be payable for (A) services rendered in a
209 child guidance clinic or residential treatment facility by a person with a
210 master's degree in social work or by a person with a master's degree in
211 marriage and family therapy under the supervision of a psychiatrist,
212 physician, licensed marital and family therapist or licensed clinical
213 social worker who is eligible for reimbursement under subdivisions (1)
214 to (4), inclusive, of subsection (d) of this section; (B) services rendered
215 in a residential treatment facility by a licensed or certified alcohol and
216 drug counselor who is eligible for reimbursement under subdivision
217 (5) of subsection (d) of this section; or (C) services rendered in a
218 residential treatment facility by a licensed professional counselor who
219 is eligible for reimbursement under subdivision (6) of subsection (d) of
220 this section.

221 (2) In the case of benefits payable for the services of a licensed
222 psychologist under subsection (d) of this section, such benefits shall be
223 payable for (A) services rendered in a child guidance clinic or
224 residential treatment facility by a person with a master's degree in
225 social work or by a person with a master's degree in marriage and
226 family therapy under the supervision of such licensed psychologist,
227 licensed marital and family therapist or licensed clinical social worker
228 who is eligible for reimbursement under subdivisions (1) to (4),
229 inclusive, of subsection (d) of this section; (B) services rendered in a
230 residential treatment facility by a licensed or certified alcohol and drug
231 counselor who is eligible for reimbursement under subdivision (5) of
232 subsection (d) of this section; or (C) services rendered in a residential
233 treatment facility by a licensed professional counselor who is eligible
234 for reimbursement under subdivision (6) of subsection (d) of this
235 section.

236 (g) In the case of benefits payable for the service of a licensed
237 physician practicing as a psychiatrist or a licensed psychologist, under
238 subsection (d) of this section, such benefits shall be payable for
239 outpatient services rendered (1) in a nonprofit community mental
240 health center, as defined by the Department of Mental Health and
241 Addiction Services, in a nonprofit licensed adult psychiatric clinic
242 operated by an accredited hospital or in a residential treatment facility;
243 (2) under the supervision of a licensed physician practicing as a
244 psychiatrist, a licensed psychologist, a licensed marital and family
245 therapist, a licensed clinical social worker, a licensed or certified
246 alcohol and drug counselor, or a licensed professional counselor who
247 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of
248 subsection (d) of this section; and (3) within the scope of the license
249 issued to the center or clinic by the Department of Public Health or to
250 the residential treatment facility by the Department of Children and
251 Families.

252 (h) Except in the case of emergency services or in the case of services
253 for which an individual has been referred by a physician affiliated
254 with a health care center, nothing in this section shall be construed to
255 require a health care center to provide benefits under this section
256 through facilities that are not affiliated with the health care center.

257 (i) In the case of any person admitted to a state institution or facility
258 administered by the Department of Mental Health and Addiction
259 Services, Department of Public Health, Department of Children and
260 Families or the Department of Developmental Services, the state shall
261 have a lien upon the proceeds of any coverage available to such person
262 or a legally liable relative of such person under the terms of this
263 section, to the extent of the per capita cost of such person's care. Except
264 in the case of emergency services the provisions of this subsection shall
265 not apply to coverage provided under a managed care plan, as defined
266 in section 38a-478.

267 (j) A group health insurance policy may exclude the benefits

268 required by this section if such benefits are included in a separate
269 policy issued to the same group by an insurance company, health care
270 center, hospital service corporation, medical service corporation or
271 fraternal benefit society. Such separate policy, which shall include the
272 benefits required by this section and the benefits required by section
273 38a-533, shall not be required to include any other benefits mandated
274 by this title.

275 (k) In the case of benefits based upon confinement in a residential
276 treatment facility, such benefits shall be payable in situations in which
277 the insured has a serious mental or nervous condition that
278 substantially impairs the insured's thoughts, perception of reality,
279 emotional process or judgment or grossly impairs the behavior of the
280 insured, and, upon an assessment of the insured by a physician,
281 psychiatrist, psychologist or clinical social worker, cannot
282 appropriately, safely or effectively be treated in an acute care, partial
283 hospitalization, intensive outpatient or outpatient setting.

284 (l) The services rendered for which benefits are to be paid for
285 confinement in a residential treatment facility shall be based on an
286 individual treatment plan. For purposes of this section, the term
287 "individual treatment plan" means a treatment plan prescribed by a
288 physician with specific attainable goals and objectives appropriate to
289 both the patient and the treatment modality of the program.

290 (m) In addition to the requirements set forth in subsections (a) to (g),
291 inclusive, and subsections (k) and (l) of this section, each such policy
292 shall provide benefits for the services of a provider specified in
293 subsection (c) or (d) of this section for any consultation with such
294 provider that includes the insured or a family member of the insured
295 (1) during an assessment for a diagnosis of a condition, and (2) after a
296 diagnosis of a mental or nervous condition has been made.

<p>This act shall take effect as follows and shall amend the following sections:</p>
--

Section 1	<i>January 1, 2016</i>	38a-488a
Sec. 2	<i>January 1, 2016</i>	38a-514

Statement of Purpose:

To prohibit limits on the number of visits to assess an insured for a diagnosis of a condition and to require health insurance coverage for consultations with certain health care providers during the assessment for a diagnosis of a condition and after a diagnosis of a mental or nervous condition.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Co-Sponsors: SEN. CRISCO, 17th Dist.; REP. FRITZ, 90th Dist.

S.B. 16